

THE EARTH TEAM
Natural Resources Conservation Service Volunteer Program
TIME AND ATTENDANCE

A. Volunteer Name:

B. Location:

C. E-Mail Address:

D. Pay Period:

E. Supervisor Name:

D. 1. Month:

D. 2. Year:

F. Calendar

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

G. Total Number of Hours: _____

OMB Disclosure Statement

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